

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <i>George Lopez</i>		COURT CASE NUMBER <i>1:04-cv-10272-GAO</i>									
DEFENDANT <i>Taunton State Hospital</i>		TYPE OF PROCESS									
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Taunton State Hospital</i>										
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>60 Hodges Ave. Taunton, MA 02790</i>										
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:											
<table border="1"> <tr> <td><i>G. Lopez</i> <i>General Delivery</i> <i>Boston, MA 02205</i></td> <td>Number of process to be served with this Form - 285 <i>1</i></td> <td></td> </tr> <tr> <td></td> <td>Number of parties to be served in this case <i>1</i></td> <td></td> </tr> <tr> <td></td> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>			<i>G. Lopez</i> <i>General Delivery</i> <i>Boston, MA 02205</i>	Number of process to be served with this Form - 285 <i>1</i>			Number of parties to be served in this case <i>1</i>			Check for service on U.S.A.	
<i>G. Lopez</i> <i>General Delivery</i> <i>Boston, MA 02205</i>	Number of process to be served with this Form - 285 <i>1</i>										
	Number of parties to be served in this case <i>1</i>										
	Check for service on U.S.A.										

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

*03-27-05***SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>38</i>	District to Serve No. <i>38</i>	Signature of Authorized USMS Deputy or Clerk <i>James Salame</i>	Date <i>4/1/05</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service <i>4/1/05</i>	Time <i>1:00</i> am
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Signature of U.S. Marshal or Deputy

Service Fee <i>40</i>	Total Mileage Charges (including endeavors) <i>262.50</i>	Forwarding Fee <i>0</i>	Total Charges <i>712.50</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

GEORGE LOGUE

SUMMONS IN A CIVIL CASE

V.

TAUNTON STATE HOSPITAL

CASE NUMBER: 04-10272-GAO

TO: (Name and address of Defendant)

Taunton State Hospital  
60 Hodges Avenue  
Taunton, MA

**YOU ARE HEREBY SUMMONED** and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

George Logue, pro se  
General Delivery  
Boston, MA 02205

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

*Ani A. Wernian*

DATE

*9/29/04*



(By) DEPUTY CLERK